

**Department of Health and Human Services**

**EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY**

Complete this form in triplicate in accordance with Chapter 4-35, General Administration Manual, and submit the original with supporting documents to your supervisor or to the appropriate Claims Investigating Officer.

NAME OF CLAIMANT		ADDRESS (City, State, and ZIP Code)	
SERVICE OR STAFF OFFICE	DIVISION OR BRANCH		TEL. NO. AND EXT.
LOCATION OF LOSS OR DAMAGE		DATE OF LOSS OR DAMAGE	TOTAL AMOUNT OF CLAIM \$

**DESCRIPTION OF PROPERTY** (Use additional sheet, if necessary)

ITEMIZED LISTING	DATE ACQUIRED	PURCHASE PRICE OR VALUE WHEN ACQUIRED	VALUE WHEN LOST OR DAMAGED	ESTIMATED REPAIR OR REPLACEMENT COST
		\$	\$	\$
<b>TOTAL</b>				

TYPE OF CLAIM (Check appropriate block and give brief statement of circumstances)

- ☐ LOSS  
☐ DAMAGE

WAS PROPERTY INSURED?

- ☐ YES (If "yes," give name of insurer)  
☐ NO

HAS CLAIM BEEN MADE ON INSURER? (If "yes," itemize amount)

- ☐ YES  
☐ NO

DID LOSS OR DAMAGE OCCUR WHILE PROPERTY WAS IN  
POSSESSION OF A CARRIER?

- ☐ YES  
☐ NO

HAS CLAIM BEEN MADE ON THE CARRIER? (If "yes," give  
name of carrier and itemize amount collected)

- ☐ YES  
☐ NO

**CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS:** Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (see 62 Stat. 698, 749; 18 U.S.C. 287. 1001).

**CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM:** The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States (see R.S. Sec. 3490, 5438; 31 U.S.C. 231).

**CERTIFICATION**

I certify that I make this claim with full knowledge of the penalties for wilfully making a false claim and that I am entitled to any payments.

SIGNATURE OF CLAIMANT	DATE
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IN WITNESS of the above claim, I, on behalf of the claimant, do hereby certify that this claim is being made with full knowledge of the penalties for wilfully making a false claim.

SIGNATURE OF OTHER CLAIMANT	RELATIONSHIP (If any)	DATE
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